Veterans’ Access to Migraine and Headache Disorders Treatment: A Policy Panel Discussion
Can America’s veterans with migraine and headache disorders access the treatment they need?

A 2018 Capitol Hill policy panel sponsored by The Headache and Migraine Policy Forum brought together experts from across the health care and veterans support spectrum to consider this and related questions. The forum coincided with the 11th annual Headache on the Hill advocacy day, sponsored by the Alliance for Headache Disorders Advocacy.

**U.S. Representative Roger Marshall, M.D., (R-KS)** delivered opening remarks, encouraging advocates to continue voicing migraine and headache disorders patients’ needs. He also called for answers to fundamental but complex questions, asking, “What causes these headaches? Why do some with post-traumatic stress disorder have migraine and others don’t?”

“I want to understand the mental health aspect more,” he added.
In the policy panel that followed, experts explored these and other issues. Panel participants included:

**David Charles, M.D.**
Chairman of the Alliance for Patient Access (Moderator)

**James R. Couch, Jr., M.D., Ph.D.**
Acting Medical Director for the Comprehensive Inpatient Integrated Rehabilitation Program at Oklahoma City’s VA Medical Center

**Alan Finkel, M.D.**
Neurologist at the Carolina Headache Institute who treats active-duty soldiers stationed at Fort Bragg

**Donald S. Higgins, M.D.**
National Program Director for Neurology at the Veterans Health Administration

**Christopher Meek**
Co-Founder & CEO of Soldier Strong Access, a charitable organization dedicated to improving the lives of men and women in the U.S. Armed Forces.

Dialogue produced four key points regarding veterans and active-duty servicemembers’ experience with headache and migraine disorders.
Conflicts in Iraq and Afghanistan are driving an increase in migraine and headache disorders.

“Between 2001 and 2007, the Armed Forces saw a 27 percent increase in migraine diagnoses,” David Charles, M.D., mentioned in introducing the panel. “And 36 percent of veterans deployed to Iraq for a year or more experience migraine.”

“These soldiers were changed while they were protecting us and our freedoms,” noted Alan Finkel, M.D., who treats active-duty soldiers at Fort Bragg.

“Just being deployed resulted in a greater burden of headache such that as many as 35% of returning soldiers become sufferers,” Dr. Finkel noted, “Adding a traumatic brain injury to deployment results in 95% of returning soldiers having headaches, the vast majority who describe severe pain, nausea, dizziness, light sensitivity, sleep disorders and post-traumatic stress disorder.”

The VA system offers cutting-edge technology, but more headache specialists are needed.

“I am amazed on a daily basis at the breadth of the services that are available and can be made available to our veterans,” noted Donald S. Higgins, M.D., the national program director for neurology at the Veterans Health Administration. Dr. Higgins noted that life-changing, cutting-edge therapies are available at the VA system, as are telehealth and teleneurology applications.

But one need looms large: more trained headache specialists.

Panelist James Couch, Jr., M.D., Ph.D., is one of only three headache specialists in the entire VA medical system. Meanwhile, the American Academy of Neurology reports a shortage of neurologists across the country that is poised to grow.

“We used to get no lectures on headache in medical school,” Dr. Couch noted, adding, “Now we get two to three or more. Gradually, we’re improving. This should continue.”
Stigma can deter veterans and active-duty servicemembers from seeking treatment.

Known as the “warrior effect,” veteran’s grit in the face of adversity can work against them when it dissuades them from seeking necessary medical care. Having migraine or another headache disorder “makes them feel like a failure,” explained Chris Meek of Soldier Strong Access.

The fact that migraine predominantly affects women can make it doubly difficult for men to admit their struggle and see a doctor.

“Sigmund Freud called migraine ‘a problem of hysteria,’” noted James Couch, Jr., M.D., Ph.D. Some veterans have internalized this myth, Dr. Couch explained, and see migraine as “a sign of constitutional weakness.”

There’s also fierce loyalty. Active-duty soldiers “don’t want to get pulled away from their unit,” Dr. Couch noted, “They want to finish their deployment.”

New therapies, heightened awareness and stronger social support can help veterans face their migraine and headache disorders.

The experience of migraine and headache disorders “takes veterans to a dark place,” explained Soldier Strong Access’ Chris Meek. The experience is all the more complicated because of common comorbidities – depression, anxiety, pain, sleep disruptions and PTSD.

Helping veterans and active-duty servicemembers get beyond that dark place requires a solid support system and access to personalized treatment.

“Don’t try to mash them all together and say ‘this should work for everybody’.”

Opioids are sometimes used to treat migraine’s pain, but they do not address other symptoms and also present the risk of addiction or misuse. New treatments offer a glimmer of hope. Some patients find success with botulinum toxin injections for headache, while new CGRP (calcitonin gene-related peptide) inhibitors may prevent migraine headaches before they begin.

Access to treatment options ensures that physicians and their patients can make an informed, personalized decision about course of care.
Panelist Alan Finkel, M.D., described meeting one of the first Fort Bragg soldiers he treated for headache:

A soldier told me the story of a blast and how he felt. Then, an hour later, another and, then, the next morning, another – leaving him confused, sick and with a tremendous headache.

Throughout that day he was in significant firefights and lost some comrades. There were periods of time that he did not remember.

He and his group continued the fight until, a few months later, he received another blast and was no longer able to cope with the headaches and other symptoms of his injuries. He was sent home.

He made his way to me, where I diagnosed several distinct headache types and treated the most devastating, his cluster headache.

This experience launched my studies. Over the next 10 years, I saw more than 600 soldiers.

Their headaches looked and felt like other headaches I had seen in my years as a specialist; but these were occurring in different people than I was used to seeing:

young men and women who had trained to be strong in the face of diversity and to be dedicated to the mission.
Policy Recommendations

- Increase public awareness about migraine and headache disorders among veterans and servicemembers.
- Boost and incentivize training to encourage more physicians to become headache specialists.
- Streamline barriers that prevent veterans and active-duty servicemembers from receiving the treatment and medications they need.
- Increase NIH funding for headache disorders research. Migraine is the least-funded disease relative to its patient population size and disability burden.
- Consider the whole-patient approach to care and use modes of identifying those at risk by performing early screening or pre-screening.